

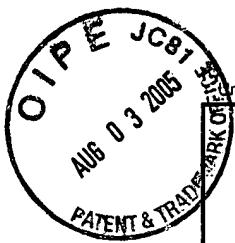
08-04-05

PTO/SB/30 (04-05)

Approved for use through 07/31/2006. OMB 0651-0031

Approved for use through 07/31/2008. GMB 0551-0551
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



<p style="text-align: center;">Request For Continued Examination (RCE) Transmittal</p> <p>Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p>	Application Number	09/656,310-Conf. #9423
	Filing Date	September 6, 2000
	First Named Inventor	Goro Ishida 22511
	Art Unit	2624 PATENT TRADEMARK
	Examiner Name	K. Y. Poon
	Attorney Docket Number	04783/016001

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED			
Signature		#45,079	Date August 3, 2005
Name (Print/Type)	Jonathan P. Osha	THOMAS SCHLIER	Registration No. 33,986

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 710214588 US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: August 3, 2005

Signature: Debra V. Wieser (Debra V. Wieser)

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 790.00)

Complete if Known

Application Number	09/656,310-Conf. #9423
Filing Date	September 6, 2000
First Named Inventor	Goro Ishida
Examiner Name	K. Y. Poon
Art Unit	2624
Attorney Docket No.	04783/016001

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 50-0591 Deposit Account Name: Osha · Liang LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity</u> <u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity</u> <u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity</u> <u>Fee (\$)</u>	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Small Entity</u> <u>Fee (\$)</u>	<u>Fee (\$)</u>
_____	_____	_____	_____	50	25
Each claim over 20 (including Reissues)				200	100
Each independent claim over 3 (including Reissues)				360	180
Multiple dependent claims					

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
_____	_____	_____	_____	<u>Fee (\$)</u>
_____	_____	_____	_____	<u>Fee Paid (\$)</u>

Indep. Claims

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____	_____	_____	_____

3. APPLICATION SIZE FEE

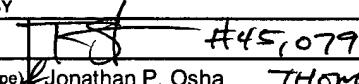
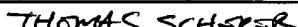
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____	_____	/50 _____ (round up to a whole number) x _____	_____	_____
- 100 =				=

4. OTHER FEE(S)

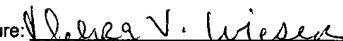
Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ... 790.00)

<u>SUBMITTED BY</u>		<u>Registration No.</u> <u>(Attorney/Agent)</u>	<u>Telephone</u>
Signature	 #45,079	33,986	(713) 228-8600
Name (Print/Type)	Jonathan P. Osha  THOMAS SCHLESER	Date	August 3, 2005

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